

Online Research @ Cardiff

This is an Open Access document downloaded from ORCA, Cardiff University's institutional repository: <http://orca.cf.ac.uk/110212/>

This is the author's version of a work that was submitted to / accepted for publication.

Citation for final published version:

Morgan, Catherine and Harding, Katharine 2016. Being mortal. *Practical Neurology* 16 (2) , p. 170. 10.1136/practneurol-2016-001386 file

Publishers page: <http://dx.doi.org/10.1136/practneurol-2016-001386>
<<http://dx.doi.org/10.1136/practneurol-2016-001386>>

Please note:

Changes made as a result of publishing processes such as copy-editing, formatting and page numbers may not be reflected in this version. For the definitive version of this publication, please refer to the published source. You are advised to consult the publisher's version if you wish to cite this paper.

This version is being made available in accordance with publisher policies. See <http://orca.cf.ac.uk/policies.html> for usage policies. Copyright and moral rights for publications made available in ORCA are retained by the copyright holders.



Being Mortal – Book Club

Catherine Morgan,¹ Katharine Harding²

¹Department of Neurology, Gloucestershire Royal Hospital, Gloucester, UK

²Department of Neurology, University Hospital of Wales, Cardiff, UK

With an ageing population and the increasing burden of dementia, Parkinson's disease and other neurodegenerative disorders, it is difficult to imagine how already stretched social care systems can cope. Perhaps we could learn lessons from Atul Gawande's thoughtful ideas in *Being Mortal*, a widely acclaimed book recently read simultaneously by the Gloucester and Cardiff Neurology Book Clubs. The author, a surgeon and professor at Harvard Medical School, Boston, addresses two themes: caring for the elderly and palliative care for the dying. He uses patient stories, friends' anecdotes and his own father's illness to frame chapters that gently discuss ways to improve our management of the ageing process.

GLOUCESTER

Our overall impression of *Being Mortal* was mixed. We felt the writing was accessible to a wider audience but that the issues raised, though clearly important and highly valid, could be repetitive and possibly oversimplified. However, we appreciated that Gawande's admirable vision for the ideal geriatric and ultimately palliative care, and it reminded us that there is still plenty of room for improvement in our National Health Service.

Our book club members commented on how the focus of the medical care described by Gawande in the USA is on the fight against disease, as opposed to patient care centred upon their wishes. The author questions the humanity of palliative patients crowding intensive care units, and desperate, futile last cycles of chemotherapy. However, we felt that his apparent revelation that we should focus upon patient-centred care was in fact already happening in the UK. Was Gawande naïve to what we understand to be a central concept in medicine, or was he labouring the point to illustrate his arguments? Our members also commented on some apparent contradictions. Gawande's vision of freedom of choice and expression contrasted with his thoughts about regulations to prevent falls. He is also the author of 'The Checklist Manifesto'. Our members discussed this incongruity between control and freedom and pondered whether some of these ideas were unachievable fantasies.

CARDIFF

Being Mortal was perhaps better received west of the border. We found it an easy and engaging read that raised many interesting points about ageing, dying and what constitutes a good life and a good death. Society as a whole is often in denial about these important issues, and individual attitudes may reflect this as well. While discussing very simple concepts, this book reveals depths of truth. Gawande describes many situations where loss of autonomy has a powerful negative effect. As people age, it is tempting to try to keep them safe but this may remove their autonomy. This prompted reflection on our own practice where, after discussion with a patient, we might have made a decision that appeared riskier than other options but enabled autonomous choices. It also reminded us of the importance of a sense of purpose in people's lives and how many things can provide this, such as gardening or caring for an animal. We also discussed Gawande's suggested list of questions for conversations about end of life and the aims of treatment; indeed, he uses these questions when speaking to his father about his final illness. We found this a poignant illustration of the value of having that difficult conversation early enough to make decisions and act upon them to enable a good death, returning autonomy to the patient so that they can work out what is most important to them, and what they would accept to achieve that.

CONCLUSIONS

Neurologists, perhaps more than other specialists by virtue of the illnesses we treat, remain closely entwined with the process of degeneration and dying. *Being Mortal* reminded us that we must continue to hone our art of knowing 'what to say' in difficult discussions, and to support our professional training to ameliorate these skills, in contrast to the absence of training that Gawande felt he received in this field. No death is perfect, but some can be 'good'. This insightful text gives food for thought to all of us who wish to achieve this for our patients.

Correspondence to Dr Katharine Harding,
Department of Neurology, University Hospital of
Wales, Heath Park, Cardiff CF14 4XW, UK;
katharineharding@doctors.org.uk

Twitter Follow Katharine Harding at
@drkatharineh

Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.